

Division of Program Compliance - Audits Section 1600 9th Street, Sacramento, CA 95811 (916) 445-1554, FAX (916) 445-1588

May 5, 2008

Irvin B. White, Jr., Chief
Benefits, Waiver Analysis and
Rates Division
Health Care Programs
Department of Health Care Services
1501 Capitol Avenue, Suite 71.4115
MS 4601
Sacramento, CA 95814

Dear Mr. White:

Attached is our audit report of Contra Costa County Mental Health Services dated May 5, 2008. In accordance with Section 433.316 of Title 42 of the Code of Federal Regulations, Contra Costa County Mental Health Services has received a net overpayment (or has an under payment) of federal funds for fiscal year 2002-2003 as follows:

Medi-Cal

FFP

\$ (361,294)

Healthy Families

FFP

\$ 209,872

The report specifies that if the provider has any disagreement with the audit findings, it must notify the State Department of Health Care Services, Audit Appeals, Attn: Ms. Vickie Orlich and request an informal conference within 60 days of receipt of this report.

If you have any questions or need additional documentation, please contact me via e-mail at <u>Walter.Hill@dmh.ca.gov</u> or (916) 445-1570.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief

cc: Dina Kokkos- Acting Chief, Rate Development Branch, DHCS
Dina Kokkos-Gonzales, Chief, Specialty Mental Health Waiver Unit, DHCS
Carolynn Michaels, MHPA, Medi-Cal Oversight, DMH
Rita McCabe, LCSW, Branch Chief, Medi-Cal Mental Health Policy, DMH
Sara Murillo, MBA, Chief, Financial Services, Admin & Fiscal Services, DMH



Memorandum

To:

Sara Murillo, MBA

Chief, Financial Services

Administrative & Fiscal Services

Division

Date:

05/05/08

From:

Program Compliance

Telephone: (510) 622-2584

Subject: AUDIT REPORT - CONTRA COSTA COUNTY - FPE: JUNE 30, 2003

Attached is our audit report of Contra Costa County's Medi-Cal program cost report for Fiscal Year 2002-2003. The audit report shows audited FFP costs for Medi-Cal; Healthy Families; and EPSDT State General Funds as follows:

Medi-Cal:

FFP

\$26,001,456

Healthy Families:

FFP

\$ 307,483

State General Funds:

EPSDT

\$

0

These audited amounts need to be compared to the most current State payments to determine the amount due to the County or the State, as the case may be and notification be sent to the county. As you know, this procedure was the responsibility of County Financial Program Support (Cost Reporting) in the past but is now a function of the Accounting office.

If you or your staff needs any assistance from my staff to accomplish this objective, please let me know.

MABEL GILTNER, Supervisor Audits – Bay & Central Region



Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

May 5, 2008

Donna M. Wigand, LCSW Mental Health Director Contra Costa County Mental Health 1340 Arnold Drive, Suite 200 Martinez, CA 94553

Dear Ms. Wigand:

AUDIT REPORT - CONTRA COSTA COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Contra Costa County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	:	<u>Settled</u>		<u>Allowed</u>	<u>A</u>	<u>djustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 2	5,640,162	\$ 2	6,001,456	\$	361,294
Federal Share of Healthy Families/Medi-Cal	\$	517,355	\$	307,483	\$	(209,872)

If you disagree with any of the results of this audit you may request an informal appeal

Donna M. Wigand, Director May 5, 2008 Page 2

conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

CONTRA COSTA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

				Audit	
			As Settled	Adjustments	As Audited
ET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	16,625,057 \$	294,989 \$	16,920,046
HEALTHY FAMILIES - FFP	(Sch. 2a)		308,124	(125,815)	182,309
TOTAL FFP - COUNTY PROVIDERS		\$ =	16,933,181 \$	169,173 \$	
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	9,015,105	66,305	9,081,410
HEALTHY FAMILIES - FFP	(Sch. 3b)	_	209,231	(84,05 <u>7)</u>	125,174
TOTAL FFP - COUNTY PROVIDERS		^{\$} =	9,224,336 \$	(17,752) \$	9,206,584
TOTAL PED COUNTY BLUE CONTRACT D	DOVIDEDO				
TOTAL FFP - COUNTY PLUS CONTRACT P MEDI-CAL - FFP	KOVIDEKS	\$	25,640,162 \$	361,294 \$	26,001,456
HEALTHY FAMILIES - FFP		Ð	517,355	(209,872)	307,483
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	<u>s</u> –	26,157,517 \$	151,421 \$	26,308,938

CONTRA COSTA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

COUNT	I OFERATED FEDERAL					Audit		
				As Settled		Adjustments		As Audited
Total Me	edi-Cal Gross Reimbursement				_		_	
1. Inpa	tient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	5,031,962	\$	512,589	\$	5,544,551
2. Outp	patient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		19,584,490		401,695		19,986,185
3. Enha	anced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		10,058		10,058
4. Enha	anced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		304,546		304,546
5. Enha	anced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Enha	anced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Heal	Ithy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		3,353		(3,353)		0
8. Heal	Ithy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		395,203		(165,409)		229,794
9. Tota	*		\$_	25,015,008	\$	1,060,126	\$_	26,075,134
Less: Pat	tient & Other Payor Revenues							
10. Inpa	atient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	465,882	\$	84,120	\$	550,002
11. Outp	patient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		164		70,207		70,371
12. Enh;	anced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Enh	nanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enh	nanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enh.	nanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Hea	althy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Hea	althy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. Tota	al		\$_	466,046	\$	154,327	\$_	620,373
Medi-Ca	al Net Reimbursement for Direct Services							
19. Inpa	atient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	4,566,080	\$	438,527	\$	5,004,607
20. Out	patient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		19,584,326		636,034		20,220,360
21. Enh	nanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enh	nanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Hea	althy Families-I/P	(Ln 7 - Ln 16)		3,353		(3,353)		0
24. Hea	althy Families-O/P	(Ln 8 - Ln 17)		395,203		(165,409)		229,794
25. Tota	al		\$ =	24,548,962	- - -	905,799	\$ _	25,454,761
Medi-Ca	al MAA Reimbursement							
26. Serv	vice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	1,174	\$	(376)	\$	798
27. Serv	vice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		509,617		(256,257)		253,360
	vice Functions 21-19	(MH1979, Ln 13, Col. A)		223,618		(49,433)		174,185
29. Tota		, , , , , , , , , , , , , , , , , , , ,	\$	734,409	٠ و	(306,066)		428,343

CONTRA COSTA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit	
			As Settled	_	Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				_		
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	(
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	(
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	(
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	(
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	(
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0	(
36. Total		\$	0	\$_	0 \$	
Medi-Cal Administrative Reimbursement						
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	6,459,683	\$	254,692 \$	6,714,37
38. Medi-Cal Administration	(MH 1979, Ln 5)	s —	5,951,978	\$	288,828 \$	6,240,800
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	5,951,978	\$ _	288,828 \$	6,240,806
Healthy Families Administrative Reimbursement						
40. Healthy Families Administrative Reimbursement Li	mit (MH1979, Ln 8)	\$	71,810	\$	(16,876) \$	54,934
41. Healthy Families Administration	(MH1979, Ln 9)	\$	153,824	\$	(104,086) \$	49,73
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	71,810	\$_	(22,072) \$	49,73
Utilization Review Reimbursement						
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	171,202	\$	(73,207) \$	97,99
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ <u></u>	878,197	\$	8,560 \$	886,75
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	\$	12,658,459	\$	162,654 \$	12,821,111
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		205,166	205,16
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0	,
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	423,109		(165,391)	257,71
49. Administrative Reimbursement	(MH1979, Ln 6)	• ,	2,975,989		144,414	3,120,40
50. U.R. Skilled Professional	(MH1979, Ln 14)		128,402		(54,906)	73,49
51. U.R. Other	(MH1979, Ln 15)		439,099		4,280	443,37
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	, ,,,,,,
53. Subtotal- FFP	(\$ _	16,625,058	- \$ <u>-</u>	296,216 \$	16,921,27
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 \$	
55. Quality Assurance Review Results	(Adj # 78)	-	0	- -	1,229	1,22
56. Total SD/MC Reimbursement - FFP		\$_	16,625,058	\$_	294,988 \$	16,920,04
Net Healthy Families Reimbursement - FFP		=		- =		
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	261,268	\$	(111,414) \$	149,85
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0	,
59. Administrative Reimbursement	(MH1979, Ln 10)		46,856		(14,402)	32,45
60. Total Healthy Families Reimbursement - FFP	. , , , , , , , , , , , , , , , , , , ,	\$ <u></u>	308,124	\$	(125,815) \$	182,30
61. Total - FFP (Ln 56 + Ln 60)		\$	16,933,182	\$	169,172 \$	17,102,35
,		=		= =		(To Sch. 1)

SCHEDULE 3

CONTRA COSTA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(a)	(10)
		Regular M/Cal	Enhanced -	Enhanced -	Total	Healthy	Regular M/Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Grass Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Number	Legal Entity		I N P	A T 1	E N T	rational design	March State Salation	O U T	P A T 1	E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968	(MH 1968.	(MH 1968.	(MH 1968.	(Col 6 to 8)	(MH 1968.
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	. ,	Ln 27, 27A)
	FEE FOR SERVICE \$	0 :		s 0						718,718 \$	2,886
	BONITA HOUSE, INC \$	0 :	•	•	\$ 0	•	\$ 86.800		\$ 0 \$	\$ 008,88	0
	_A CHEIM SCHOOL, INC \$	-			\$ 0		\$ 962,759		\$ 0 \$	962,759 \$	16,718
	LÍNCOLN CHILD CENTER \$	0 :		•	\$ 0	-	\$ 840,034			840,034 \$	68,768
	FRED FINCH YOUTH CENTER \$	0	•	• •	· ·	•	\$ 1,685,122			1.686,896 \$	24,982
	SENECA CENTER \$	0 :		S 0				\$ 0 \$		3.797.990 \$	8.996
	CONTRA COSTA ASSOC OF RET 5	•	•	•	\$ 0					544.907 \$	2,537
	FAMILIES FIRST INC \$	0 :	•	·	\$ 0					675.097 \$	5,603
	WE CARE SOCIETY, INC. \$	0 :			\$ 0					991,242 \$	0
	(MCA OF THE EAST BAY, INC. \$	0 :	•	-	\$ 0	-		•		233,251 \$	2,088
	DESARROLLO FAMILIAS, INC. \$	0 :	-	•	\$ 0	-				91,630 \$	6,223
	EARLY CHILDHOOD MH PROGRAN \$				\$ D			S 190 S		841.783 \$	30,706
	PHOENIX PROGRAMS INC \$				\$ 0		,,	\$ 0 9		1,252,850 \$	0
	CHAMBERLAIN'S \$	0 9	•		\$ 0					25.922 \$	0
	CRESTWOOD HOSPITALS INC \$	0 :			\$ 0			\$ 05		197,004 \$	0
	DGEWOOD CENTER FOR CHILDE \$			•	\$ 0	-				185.822 \$	U
	AILHOUS CHILDREN'S SERVICES \$	0 5			\$ 0 *					34.479 \$	U
	RUBICON PROGRAMS, INC \$	0 5			•		,			1,494,471 \$	Ü
	SUNNY HILLS-CHILDREN'S GARDE \$				•					10.123 \$	0
	AMILY SERVICE AGENCY OF MAF \$	0 9		•	\$ 0	7	•	• • •		1,849 \$	0
	MOSS REACH HOMES, INC \$	0 5			5 0	-		• •		29,770 \$	0
	NORTH VALLEY SCHOOL \$	0 9		•	\$ 0 \$ 0					20,117 \$ 497 \$	0
	OUTH AND FAMILY SERVICES \$	0 5			•					451 W	0
	SIAN PACIFIC PSYCHOLOGICAL : \$		-		\$ 0 · \$ 0 ·					269,096 \$ 299,744 \$	U
	HUNDER ROAD \$		•	•							0
	CHARIS YOUTH CENTER \$	0 5	•		\$ 0 · \$ 0 ·			•		13,270 \$	0
00551 S 00639 R		0 5	•		\$ 0 ·					394,566 \$ 439,759 \$	9.502
	RAPE CRISIS CENTER \$	0 9		-	s 0:	-	,			132,655 \$	9,502
	VEST COAST CHILDREN'S CENTE \$ 'AMILY STRESS CENTER \$	0 5			s 0:					317.969 \$	468
		0 9			\$ 0 ·					47,184 \$	460
	EWISH FAMILY & CHILDREN'S SV: \$ CATHOLIC CHARITIES OF THE EAS \$	0.5			s 0:	-	\$ 31,569 S			31,569 \$	0
	ATHOLIC CHARTIES OF THE EAS S	0.9			s 0:		•			2.599 \$	0
	HE FAMILY INSTITUTE OF PINOLE \$	0 5			s 0					133,721 \$	0
	OUCHSTONE COUNSELING SER\ \$	0.5		•			\$ 66,584			66,584 \$	83
	ORTIA BELL HUME BEHAVIORAL \$	0 9	•		•				• •	54.594 \$	0
	INE MANOR \$	0 \$								26,126 \$	0
	ROSS CREEK FAMILY COUNSELL \$	0 1			\$ 0. \$ 0.		\$ 556 \$			556 \$	n
	AY AREA PSYCHOTHERAPY SER' \$	0 \$	7	,		- •				111.454 \$	1,453
	AMILY SERVICES OF TRI-CITIES \$	0 \$		-						5,184 \$	1,433
	BETTER WAY FOSTER FAMILY P \$	0.5		-						7.798 \$	0
	SYCHOTHERAPY INSTITUTE OF 1 \$	0 \$,		•			- :	28.090 \$	0
	EACH WITHIN \$	0 \$								125.048 \$	137
	EW CONNECTIONS \$	ŏ s		·	•		\$ 120,985			120,985 \$	0
	AMILY AND CHILD COUNSELING : \$	0.5		-	•					15,781 \$	0
	ACIFIC CENTER FOR HUMAN GR. \$	0 \$								166 \$	Ö
	WCA OF CONTRA COSTA COUNT \$	0 \$								43,335 \$	529
	VEST CONTRA YOUTH SERV \$	Ŏ S	,	· · · · · · · · · · · · · · · · · · ·						276.835 \$	10.546
	EW DIRECTIONS COUNSELING \$	o s		-	-	-				478 \$	0
	OUTH HOMES INC \$	o s								87,553 \$	ŏ
	T DIABLO USD WRAPAROUND \$	o s		-						11,295 \$	Ō
	UBINO COUNSELING SERVICES \$	0 \$								704 \$	ō
т	OTAL		· · · · · · · · · · · ·		<u> </u>		\$ 17,785,227 \$	3,482 \$	0 \$	17,788,709 \$	192,225

SCHEDULE 3a

CONTRA COSTA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

(11) (12) (13) (14) (15) (16) (17) (18) (19)

			Healthy		Healthy	51,365,564	Total	the state of the s	Total	benduded. Arek ub rusud b	Totai
100-1		Total Revenue	Families	Total Revenue	Families		Net Cost	Net Cost	Net Cost	Net Cost	MAA
Legal		(Excl. HFP)	Revenue	(Excl. HFP)	Revenue		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Entity	- Land Eatitu		T E N T	O U T P		3 6		TIENT		TIENT	Reimbursement
Numbe	r <u>Legal Entity</u>			(MH 1968	(MH 1968.	1 1	(Col 4-11)		(Col 9-13)		
		(MH 1968.	(MH 1968,		(MH 1968, Ln 31)		(COI 4-11)	(Col 5-12)	(COI 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
		Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)						Ln 11-13)
00507	FEE FOR SERVICE	\$ 0	s 0	\$ 0	• 0	\$	0 \$	0 :	\$ 718,718 \$	2.886	s 0
00104		\$ 0		\$ 0 \$			0.\$	0 :			
00104		\$ 0			\$ 0		0.5	0 :			
	LINCOLN CHILD CENTER	\$ 0	•	•	\$ 0		0.5	0 :			
		S 0	•	•	•	\$	0.5	0 :			
00115		\$ 0	•	-	s 0	-	0.8	0 :			
00119		\$ 0	7	\$ 0	-	-	0.5	ő :			
00179		s 0 :		\$ 1.965		-	0.5	0 9			
00120		\$ 0		\$ 354	-	-	0.5	ŏ s		0,003	
00121		s 0				\$	0.5	o s			
00123		\$ 0	-	Ī	\$ 0	-	0.8	0 9			
	EARLY CHILDHOOD MH PROGRAM	•	5 0		-	-	0.\$	0 9		-,	
00125		s 0	•	Ī	•	\$	0.5	ŏ		0	•
00123		s 0 :	,		\$ 0	-	0.5	0 :		0	
		S 0	:		-	5	0.5	0 9		0	•
00273		•	•	\$ 0	-	\$	0.8	o s		0	•
00386				s 0	\$ 0	-	0.5	0 :			•
00300		\$ 0 :			s 0		0.5	ő		0 :	
00457		•		•	\$ 0	-	0.5	0 9		•	•
00458			, ,	•	\$ 0	-	0.5	0 9		0	•
00467		\$ 0 :	-	•	\$ 0	-	0 S	ŏ s		o :	· ·
00484		\$ 0 :		•	\$ 0		0.5	ŏ		o :	
00520		\$ 0		Ť	-		0.5	ŏ		0	
00534	ASIAN PACIFIC PSYCHOLOGICAL	•		•	\$ 0	-	0 s	o s		0 :	-
00536		s 0 :		•	•	-	0 \$	o s		0	-
00541	CHARIS YOUTH CENTER	s 0 9	-	\$ 0			0.5	0 9		0	-
00551	S,T,A R.S	s 0 9		-	•	Š	0 \$	0 \$		ō :	
00639		š 0 :	0		•	-	0 \$	0 8		9,502	
00641	WEST COAST CHILDREN'S CENTE	\$ 0 :	. 0			\$	0 \$	0 \$		0	
00642		\$ 0.5	0	\$ 0	\$ 0	\$	0 \$	0 \$		468	\$ 0
00643	JEWISH FAMILY & CHILDREN'S SV.	\$ 0.5	0	\$ 0	\$ 0	\$	0 \$	0 \$		0 9	
00644			0	\$ 0	\$ 0	\$	0 \$	0 \$	31,569 \$	0 :	5 0
00645			0	\$ 0	\$ 0	\$	0 \$	0 \$		0 9	6 0
00667	THE FAMILY INSTITUTE OF PINOLE		0	\$ 0	\$ 0	\$	0 \$	0 \$	133,721 \$	0 9	6 0
00670	TOUCHSTONE COUNSELING SERV		0	\$ 0	\$ 0	\$	0 \$	0 \$	66,584 \$	83 5	0
00700	PORTIA BELL HUME BEHAVIORAL		0	\$ 0	\$ 0	\$	0 \$	0 \$	54,594 \$	0 \$	0
00707	PINE MANOR	\$ 0.5	0	\$ 0	\$ 0	\$	0 \$	0 \$	26,126 \$	0 \$	0
00735	CROSS CREEK FAMILY COUNSELI S	\$ 0.9	0	\$ 0	\$ 0	\$	0 \$	0 \$	556 \$	0 \$	0
00750	BAY AREA PSYCHOTHERAPY SER'S		0 :	\$ 0	\$ 0	\$	0 \$	0 \$	111,454 \$	1,453 \$	0
00759	FAMILY SERVICES OF TRI-CITIES	\$ 0.5	0 :	5 0	\$ 0	\$	0 \$	0 \$	5,184 \$	0 \$	0
00765	A BETTER WAY FOSTER FAMILY P		0 :	0	\$ 0	\$	0 \$	0 \$	7,798 \$	0 9	0
00770	PSYCHOTHERAPY INSTITUTE OF I	5 0 5	0 :	6 0	\$ 0	\$	0 \$	0 \$	28,090 \$	0 9	0
00800		\$ 0.5	0 :	5 0	\$ 0	\$	0 \$	0 \$	125,048 \$	137 \$	6 0
00835	NEW CONNECTIONS	5 0 \$	0 :	0	\$ 0	\$	0 \$	0 \$	120,985 \$	0 \$	0
00869	FAMILY AND CHILD COUNSELING : S	5 0 9	0 :	5 0	\$ 0	\$	0 \$	0 \$	15,781 \$	0 \$	0
00980	PACIFIC CENTER FOR HUMAN GRES		0 9	5 0	\$ 0	\$	0 \$	0 \$	166 \$	0 \$	0
01032	YWCA OF CONTRA COSTA COUNT S	0 9	0 9	0	\$ 0	\$	0 \$	0 \$	43,335 \$	529 \$	0
01060	WEST CONTRA YOUTH SERV	0 9	0 9	6 0	\$ 0	\$	0 \$	0 \$	276,835 \$	10,546 \$	0
01074	NEW DIRECTIONS COUNSELING \$	5 0 9	0 9	0	\$ 0	\$	0 \$	0 \$	478 \$	0 \$	0
01089	YOUTH HOMES INC	6 0 9	0 9	0	\$ 0	\$	0 \$	0 \$		0 \$	0
01109	MT DIABLO USD WRAPAROUND \$	5 0 \$	0 9	0	\$ 0	\$	0 \$	0 \$		0 \$	0
01131	RUBINO COUNSELING SERVICES	6 0 \$	0 9	0	\$ 0	\$	0 \$	0 \$	704 \$	0 \$	0
	GRAND TOTAL	5 0 \$	0 9	6,857	\$ 0	\$_	0 \$	0 \$	17,781,852 \$	192,225 \$	0
						_					

CONTRA COSTA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

				FISCAL PE	RIOD ENDED JUNE 30	0, 2003			2	
		consular on cogregorites (2000/140)	uronos est la le <u>gadaga coccoca in moccon</u> a	o	(23)	(24)	(25)	(26)	(27)	(28)
	4	(20)	(21) Neg Rates	(22) Neg. Rates	Neg Rates	4.24t	en bette notice of the set of the control of the co		, migangag a⇔ra kaga a makada	0 0 Man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Neg. Rates Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Legal Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	N P.A.T		OUTPA	T.I.E.N:T	(FFP)	(FFP)	(FFP)	Maximum	Maximum
Number	<u>coda cinal</u>	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968.	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)	<iv l2=""></iv>	
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40 A)					
			0 \$	0 \$	0 \$	371,016 \$	1.883 \$	372.899 \$	408.389 \$	372.899
	FEE FOR SERVICE		0 \$	0 \$	0 \$	·	0 \$		86,619 \$	44.363
00104	BONITA HOUSE INC		0 \$	0 \$	0 \$		10,918 \$	506,133 \$	786,677 \$	506.133
00106 00112	LA CHEIM SCHOOL, INC LINCOLN CHILD CENTER		0 \$	0 \$	0 \$	431,689 \$	44,765 \$	476.454 \$	592,999 \$	476,454
00112	FRED FINCH YOUTH CENTER		0 \$	0 \$	0 \$		16,301 \$		2,248.539 \$	883,170
00115	SENECA CENTER	0 \$	0 \$	0 \$	0 \$		5,874 \$		2,407.550 \$	1.962.229
00119	CONTRA COSTA ASSOCIOFIRET	0 \$	0 \$	0 \$	0 \$		1.649 \$		313.541 \$	282,325 349,648
00120	FAMILIES FIRST INC	0 \$	0 \$	0 \$	0 \$		3.642 \$		530,611 \$ 513,263 \$	509.700
00121	WE CARE SOCIETY INC		0 \$	0 \$	0 \$		0 \$ 1,357 \$		132,497 \$	121 183
00122	YMCA OF THE EAST BAY INC		0 \$	0 \$	0 \$		4.048 \$		89.058 \$	51,469
00123	DESARROLLO FAMILIAS, INC		0 \$	0 \$ 0 \$	0 \$ G \$		19,959 \$		483,582 \$	454,372
00124	EARLY CHILDHOOD MH PROGRAM		0 \$	0 \$ 0 \$	0 \$		0 \$		2.039,585 \$	643,794
00125	PHOENIX PROGRAMS INC	' : :	0 \$ 0 \$	0 \$	0 \$		0 s		17,079 \$	13,118
00154	CHAMBERLAIN S		0 \$ 0 \$	0 \$	0 \$		0 \$		3,046,491 \$	100,877
00241	CRESTWOOD HOSPITALS INC		0 \$	0 \$	0 \$		0 \$	94,703 \$	120,115 \$	94,703
00273	EDGEWOOD CENTER FOR CHILDES	1 1 1	0 \$	0 \$	0 \$		0 \$	17,678 \$	33,005 \$	17.678
00386	MILHOUS CHILDREN'S SERVICES SERVICES		0 \$	0 \$	0 \$		0 \$	768,900 \$	1.056,964 \$	768.900
00444	RUBICON PROGRAMS INC SUNNY HILLS-CHILDREN'S GARDE		0 \$	0 \$	0 \$		0 \$	5,111 \$	16,129 \$	5,111
00457	FAMILY SERVICE AGENCY OF MAF		0 \$	0 \$	0 \$	957 \$	0 \$	957 \$	897 \$	897
00458 004 6 7	MOSS REACH HOMES, INC		0 \$	0 \$	0 \$	15,432 \$	0 \$	15,432 \$	19,407 \$	15,432
00484	NORTH VALLEY SCHOOL		0 \$	0 \$	0 \$	10,330 \$	0 \$		73.921 \$	10,330
00520	YOUTH AND FAMILY SERVICES	·	0 \$	0 \$	0 \$	270 \$	0 \$		0 \$	0
00520	ASIAN PACIFIC PSYCHOLOGICAL		0 \$	0 \$	0 \$		0 \$		152,026 \$	139,346
00536	THUNDER ROAD		0 \$	0 \$	0 \$		0 \$		182,430 \$	154.378
00541	CHARIS YOUTH CENTER	0 \$	0 \$	0 \$	0 \$		0 \$		65,052 \$	6,762
00551	STARS	0 \$	0 \$	0 \$	0 \$		0 \$		288,970 \$	203,034
00639	RAPE CRISIS CENTER		0 \$	0 \$	0 \$		6,180 \$		234,876 \$ 78,126 \$	230.955 68.348
00641	WEST COAST CHILDREN'S CENTE S		0 \$	0 \$	0 \$	68,348 \$	0 \$ 309 \$		217,587 \$	163,994
00642	FAMILY STRESS CENTER		0 \$	0 \$	0 \$		0 \$		25,719 \$	24,356
00643	JEWISH FAMILY & CHILDREN'S SV		0 \$	0 \$	0 \$ 0 \$		0 \$		17,868 \$	16,195
00644	CATHOLIC CHARITIES OF THE EAS		0 \$	0 \$	0 \$		0 \$	· ·	476 \$	476
00645	BATTERED WOMEN'S ALTERNATIN		0 \$	0 \$ 0 \$	0 \$		0 \$		25.719 \$	25.719
00667	THE FAMILY INSTITUTE OF PINOLE		0 \$	0 \$	0 \$		54 \$	******	46,261 \$	34.445
00670	TOUCHSTONE COUNSELING SERY		0 \$ 0 \$	0 \$	0 \$		0 \$	- 1,111	34,328 \$	28,211
00700	PORTIA BELL HUME BEHAVIORAL		0 \$	0 \$	0 \$		0 \$		16,181 \$	13,491
00707	THE MANON		0 \$	0 \$	0 \$		0 \$	291 \$	574 \$	291
00735	CROSS CREEK FAMILY COUNSEL!		0 \$	0 \$	0 \$		945 \$	58,733 \$	125,435 \$	58,733
00750	BAY AREA PSYCHOTHERAPY SER		0 \$	0 \$	0 \$	·	0 \$		3,091 \$	2,652
00759	FAMILY SERVICES OF TRI-CITIES		0 \$	0 \$	0 \$	·	0 \$	3,979 \$	7,891 \$	3,979
00765 00770	A BETTER WAY FOSTER FAMILY P S PSYCHOTHERAPY INSTITUTE OF I		0 \$	0 \$	0 \$	·	0 \$	14,678 \$	20,885 \$	14,678
00800	REACH WITHIN		0 \$	0 \$	0 \$		89 \$	63,652 \$	99,630 \$	63,652
00835	NEW CONNECTIONS	0 \$	0 \$	0 \$	0 \$	62,198 \$	0 \$	62,198 \$	174,904 \$	62,198
00869	FAMILY AND CHILD COUNSELING		0 \$	0 \$	0 \$	8,156 \$	0 \$	8,156 \$	12,647 \$	8,156
00980	PACIFIC CENTER FOR HUMAN GR		0 \$	0 \$	0 \$		0 \$		0 \$	0
01032	YWCA OF CONTRA COSTA COUNTS		0 \$	0 \$	0 \$		346 \$		471 \$	471
01060	WEST CONTRA YOUTH SERV	_	0 \$	0 \$	0 \$		6,855 \$		236,570 \$	151,054
01074	NEW DIRECTIONS COUNSELING	0 \$	0 \$	0 \$	0 \$		0 \$		257 \$	241
01089	YOUTH HOMES INC	0 \$	0 \$	0 \$	0 \$		0 \$		45,986 \$ 0 \$	45,986 0
01109	MT DIABLO USD WRAPAROUND		0 \$	0 \$	0 \$		0 \$ 0 \$		0 \$	0
01131	RUBINO COUNSELING SERVICES	0 \$	0 \$	0 \$	0 \$	383 \$	U \$	J0J \$	U 3	U
						9,155,027 \$	125,174 \$	9,280,201 \$	17,130,880 \$	9,206,584
	GRAND TOTAL	s	0 \$			5,155,527	120,177			(To Sch. 1)

(To Sch. 1)

CONTRA COSTA COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE 30, 2003

FINDING 1 – MENTAL HEALTH EXPENDITURES

Our review disclosed that the County's methodology of reporting Mental Health Expenditures, MH 1960, In. 1, col. 3 was net of Other and Medi-Cal adjustments and other reconciling items. This has been the County's methodology in the past and currently.

The County was not in compliance with the cost report instructions for MH 1960, In. 1, col. 3 wherein it states in part that County legal entities should report the total gross expenditures for the county mental health department or division from the county auditor-controller's report. It also states that the reported amount on line 1, column 3 should match the total on the summary page of the auditor-controller's report, or the county should maintain workpapers that reconcile the amount reported on line 1, column 3 to the auditor-controller's report.

For this year, the County has prepared and provided a reconciliation workpaper dated July 5, 2007.

AUDIT AUTHORITY:

CMS Pub. 15-I, Section 2304

RECOMMENDATION:

We recommend that the County comply with the cost report instructions and exercise due care in the preparation of the cost report. All workpapers utilized in the preparation of the cost report must be properly filed and kept to facilitate the audit.

AUDITEE'S RESPONSE:

The County concurs.

CONTRA COSTA COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE 30, 2003

FINDING 2 - HOSPITAL ADMINISTRATIVE DAYS COST & RATE

The review of the County's workpaper and MH 1966A, Mode 05, Service Function Codes (SFC) 10 and 19 disclosed that the County was not in compliance with DMH Policy Letter 92-05 for this fiscal year. The Policy Letter states that the Administrative days, Mode 05, SFC 19 costs per unit should be the same as those in the Acute Care, Mode 05, SFC 10. Therefore, the costs per unit for 05/10 and 05/19 will be adjusted by dividing the audited gross costs by the sum of the audited total units.

AUDIT AUTHORITY:

DMH Letter No. 92-05 and No. 02-04 CFRS Instruction Manual FY 02-03, page 78

RECOMMENDATION:

We recommended that the County review and comply with the above cited authorities and excise due care in the preparation of the cost report.

AUDITEE'S RESPONSE:

The County concurs.

Provide	r				Provider Number	No. of Adj.		eriod Ended
	COUNTY	OF CO	NTRA C	COSTA HSD	00007	79	June	30, 2003
	Report Re	ference				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
INO.	SGII.	Lille	<u> </u>	ADJUSTMENTS TO REPORTED COSTS				
1	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 65,957,424	\$ (24,889)	\$ 65,932,535
			ı	To disallow State Hospital and IMD costs reported in administ costs. CMS Pub. 15-1, Section 2304	trative			
2 3	MH 1960 MH 1960	9 10	3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$ 5,951,978 153,824	\$ (5,951,978) (153,824)	\$0 * 0 *
4 -	MH 1960 MH 1960	11 12	3 3	NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		4,665,267 \$ 10,771,069	(4,665,267)	0 * \$ 10,771,069 *
				To eliminate the reported distribution of administrative costs. redistributed after adjustments to administrative costs below.	Costs will be			
5	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS		** \$ 10,771,069	\$ (24,889)	\$ 10,746,180 *
				To adjust administrative costs in conjunction with adjustment	number 1.			
6 7	MH 1960 MH 1960	12 18	3 3	TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA)		** \$ 10,746,180 53,465,952	\$ 543,874 (543,874)	\$ 11,290,054 * 52,922,078
				To reclassify allocated MAA expenses back to Administration Allocation of MAA expenses were incorrectly charged. CMS Pub. 15-1, Sections 2102.2, 2304 and 2307				
		ı						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	er				Provider Number	No. of Adj.	Fiscal F	Period Ended
	COUNTY	OF COI	NTRA C	COSTA HSD	00007	79	June	30, 2003
	Report Re	ference				As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Scn.	Line	C01.				_	
				ADJUSTMENTS TO REPORTED COSTS				
8	MH 1960	9	С	SD/MC ADMINISTRATION		** \$0	\$ 6,240,806	\$ 6,240,806
9	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION		** 0	49,738	49,738
10	MH 1960	11	C	NON SD/MC ADMINISTRATION		0	4,999,510	4,999.510
-	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		** 11,290,054		11,290,054
				To allocate total administrative cost among SD/MC, Healthy Fa	amilies, and			
				Non SD/MC Administration based on the gross cost method pe	ercentages			
ľ				of 55.2770% for SD/MC, 0.4406% for Healthy Families, and 44	1.2824% for			
				Non SD/MC.				
11	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$ 171,202	\$ (73,207)	\$ 97.995
12	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW		878,197	\$ 8,560	886,757
13	MH 1960	15	3	NON SD/MC UTILIZATION REVIEW		671,004	\$ 64,647	735,651
-	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS		\$ 1,720,403	·	\$ 1,720,403
				To allocate the Non SD/MC Utilization Review portion related t	o CDMD and			
				Other SD/MC Utilization Review using the audited gross cost p				
				57.2396% for SD/MC and 42.7604% for Non SD/MC.	croemages or			
		ı		ADJUSTMENTS TO REPORTED MODES OF SER	VICE			
14	MH 1964	7	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)		\$ 1,304,819	\$ (543,874)	\$ 760,945
15	MH 1964	9	1	TOTAL DIRECT SERVICES		\$ 53,465,952	\$ (543,874)	\$ 52,922,078
				To adjust costs at the mode level in conjunction with adjustmer	nt number 7.			
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

Provide	ır.				Provider Number	No. of Adj.		eriod Ended
	COUNTY	OF CON	NTRA C	OSTA HSD	00007	79	June	30, 2003
Adj.	Report Re	ference		EXPLANATION OF AUDIT ADJUSTME	A OF AUDIT ADJUSTMENTS Repo		Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					_
				ADJUSTMENTS TO REPORTED GROSS COST	<u>[</u>			
16 17	MH 1966A MH 1966A	3 3		MODE 05 SERVICE FUNCTION 05/10 SERVICE FUNCTION 05/19		\$ 17,487,626 \$ 431,950	(1,013,535) 1,013,535	\$ 16,474,091 \$ 1,445,485
18 19 20	MH 1966A MH 1966A MH 1966A	3 3 3		MODE 10 SERVICE FUNCTION 10/20 SERVICE FUNCTION 10/81 SERVICE FUNCTION 10/85		\$ 978,128 \$ 958,753 \$ 1,490,350	800,641 (558,901) (241,739)	\$ 1,778,769 \$ 399,852 \$ 1,248,611
21 22 23 24	MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3		MODE 15 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70		\$ 2,934,921 \$ 12,937,476 \$ 11,392,356 \$ 2,162,537	(463,529) (127,391) 265,125 325,798	\$ 2,471,392 \$ 12,810,085 \$ 11,657,481 \$ 2,488,335
				To adjust the regular Medi-Cal reported gross cost at the service for level to reflect the RVS method of allocation.	unction			
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide	er				Provider Number	No. of Adj.	Fiscal Per	riod Ended
	COUNTY	OF CO	NTRA C	OSTA HSD	00007	79	June 3	0, 2003
A 41:	Report Re	ference		EXPLANATION OF AUDIT ADJUSTME	TION OF AUDIT AD INSTAURA			As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT AUGUSTING	ENIS	Reported	(Decrease)	
				ADJUSTMENTS TO REPORTED SD/MC UNI COUNTY PROVIDERS - PROGRAMS 1 AND				
25 26 27 28 29 30 31 32 33	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10B 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/ticcounty operated facilities to agree with the State DMH Approv Report dated May 18, 2007. Above adjustments include Phas Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with the units for the three (3) reimbursement periods.	red Claims se II. ons have	1,433,769 4,745,434 230 259 0 0 90,191 69,450 6,339,333	64,039 353,166 7,735 3,357 12,034 41,067 2,370 (70,326) 6,710 420,152	1,497,808 5,098,600 7,965 3,616 12,034 41,067 2,370 19,865 76,160 6,759,485
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide					Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	•	OF COM	ITRA C	OSTA HSD	00007	79	June 3	0, 2003
	Report Ret	erence		EXPLANATION OF AUDIT ADJUSTME	MTC	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTIME			(2,	
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
34 35 36 37 38 39 40 41 42	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11B 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Above adjustments inc Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	ude Phase II. Is have	1,497,808 1,7965 1,3,616 1,2,034 1,41,067 1,9865 1,9865 1,6,160 1,759,485	(11,072) (36,452) 3.333 12,794 225 (962) (2,370) 279 (2,163) (36.388)	1,486,736 * 5,062,148 * 11,298 * 16,410 * 12,259 * 40,105 * 20,144 * 73,997 * 6,723,097 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Per	riod Ended
	-	OF CON	ITRA C	OSTA HSD	00007	79	June 3	0, 2003
	Report Re	ference					Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	rs 	Reported	(Declease)	
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
- 43 - 44 45 46 - 47 48	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust SD/MC units to incorporate the controls of the lower of records or the State DMH Approved Claims Report. Above adjust include Phase II. Copies of workpapers detailing adjustments by functions have been provided to the county. See the MH 1970 with which reflect the units for the three (3) reimbursement periods.	stments service	** 1,486,736 ** 5,062,148 ** 11,298 ** 16,410 ** 12.259 ** 40.105 ** 20,144 ** 73,997 ** 6,723,097	0 (37) 0 (23) (306) (50) 0 (27) (52) (495)	1.486.736 5.062.111 11,298 16.387 11,953 40.055 0 20,117 73,945 6,722,602
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.		<u> </u>		

Provide		 -			Provider Number	No. of Adj.	Fiscal Pe	riod Ended
		OF CON	NTRA C	OSTA HSD	00007	79	June 3	30, 2003
	Report Re	ference		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPERIMENTAL ABOUT THE				
				ADJUSTMENTS TO REPORTED SD/MC UNIT	<u> </u>			
49 50 51 52 53 54 55	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	10 10A 10B 11	Total Total Total Total Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/ticounty operated facilities to agree with the State DMH Approx Report dated May 18, 2007. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, the units for the three (3) reimbursement periods.	red Claims ons have	1,328,578 4,059,765 0 0 44,082 70,599 5,503,024	7,882 170.143 1,390 1,840 300 (34.556) 3,365 150,364	1,336,460 * 4,229,908 * 1,390 * 1,840 * 300 * 9,526 * 73,964 * 5,653,388 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	er				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	COUNTY	OF CO	NTRA C	OSTA HSD	00007	79	June :	30, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	_Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS	<u>8 -</u>			
56 57 58 59 - 60 61 - 62 -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	is have	** 1,336,460 ** 4,229,908	(1,330) (5,309) 350 3,150 0 (280) (300) 0 (1,635) (5,354)	1,335,130 * 4,224,599 * 350 * 3,150 * 1,390 * 1,560 * 9,526 * 72,329 * 5,648,034 *
				** Balance brought forward from prior adjustment.				

Provide	er —				Provider Number	No. of Adj.		iod Ended
	COUNTY	OF CON	ITRA C	OSTA HSD	00007	79	June 3	0, 2003
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS MEDI-CAL UNITS - 07/01/02 to 09/30/02	<u>s -</u>	** 1,335,130	(1,452)	1,333,678
63 64 - 65 - 66 -	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8A 9 9A 10 10A 10B	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/03 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with the units for the three (3) reimbursement periods.	ns have	1,335,130 +	(1,452) (4.419) 0 (1,556) 0 0 0 (1.630) (9,057)	4,220,180 350 1,594 1,390 1,560 0 9,526 70,699 5,638,977
		_		Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide				0071 USD	Provider Number 00007	No. of Adj. 79		eriod Ended 30, 2003
				OSTA HSD	00007			
Adj.	Report Re Form/ Sch.	ference Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	As Reported	Increase (Decrease)	As Adjusted
110.	0011			ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY	_			
67 68 69 70	MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A	E K	PATIENT AND OTHER PAYOR REVENUE - I/P PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/0	02 - 09/30/02) 02 - 06/30/03) 02 - 09/30/02) 02 - 06/30/03)	\$ 210,942 \$ 254,940 \$ 164 \$ -	\$ 995 \$ 83.125 \$ 18,400 \$ 51,806	\$ 211,937 \$ 338,065 \$ 18,564 \$ 51,806
				ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - CONTRACT PROVIDER	<u>.</u> <u>RS</u>			
71 72	MH 1968 MH 1968	28 28A	K K		02 - 09/30/02) 02 - 06/30/03)	\$ - \$ -	\$ 1,317 \$ 5,541	\$ 1,317 \$ 5,541
				To adjust patient and other payor revenue to agree with the or	ounty's records.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		<u> </u>			Provider Number	No. of Adj.		eriod Ended
	COUNTY	OF COM	TRA C	OSTA HSD	00007	79	June	30, 2003
	Report Re	ference				As	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	_Line_	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Aujusteu
			1	ADJUSTMENTS TO REPORTED SETTLEMEN	<u>IT</u>			
73	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS F	REIMB	\$ 17,312,796	\$ 1.604,362	\$ 18,917,158
			To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.		eimbursement ts of			
74 75	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 16,625,057 308,124 \$ 16,933,181	\$ 296,217 - <u>(125,815)</u> \$ 170,402	\$ 16,921,274
76 77	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	IL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS IL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS		\$ 139,922 \$ (84,057) \$ 55,865	\$ 9,155,027 \$ 125,174 \$ 9,280,201
		i V		To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.	stments to			
78	Sch. 2a	55	3	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		** \$ 17,103,583	\$ (1,229)	\$ 17,102,354
				To incorporate the Quality Assurance Review results (report d May 11, 2004).	ated			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	COUNTY	OF CON	ITRA C	OSTA HSD	00007	79	June	30, 2003
	Report Re	ference			As	Increase	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
140	Juli.	LINC	00	ADJUSTMENTS TO REPORTED SETTLEMEN	<u>IT</u>			
79	Sch. 3b	Total		TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		** \$ 9,280,201	\$ (73,617)	\$ 9,206,584
				To adjust Total SD/MC Reimbursement (FFP) due to the limit of Maximum.	of FFP Contract			
				Legal Entity Name Family Service Agency of Marin Youth & Family Services Battered Women's Alternative Family Institute of Pinole Pacific Center YWCA of Contra Costa County Youth Homes Inc. Mt. Diablo USD Wraparound Rubino Counseling LE# D0458 00520 0520 0645 0667 Pacific Center 00980 YWCA of Contra Costa County 01032 Youth Homes Inc. 01089 01131	(60) (270) (839) (43,137) (90) (22,154) (543) (6,139) (383) (73,617)			
				* Balance carried forward to subsequent adjustment.				
	_	1		** Balance brought forward from prior adjustment.		<u></u>	<u> </u>	<u></u>

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: CONTRA COSTA

County Code: 07

	Legal Entity: COUNTY OF CONTRA COSTA HSD	Α	В	С
Leg	gal Entity Number: 00007	Salaries		Total
		and Benefits	Other	Costs
1_	Mental Health Expenditures	38,013,848	60,513,630	98,527,478
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(32,570,054)	(32,570,054)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	38,013,848	27,943,576	65,957,424
6	Medi-Cal Adjustments from MH 1961			(24,889)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			65,932,535
	Administrative Costs (County Only)			
9	SD/MC Administration			6,240,806
10	Healthy Families Administration			49,738
11	Non-SD/MC Administration			4,999,510
12	Total Administrative Costs			11,290,054
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			97,995_
14	Other SD/MC Utilization Review			886,757
15	Non-SD/MC Utilization Review			735,651
16	Total Utilization Review Costs			1,720,403
ļ				
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			52,922,078
	T (10) (11) (12)	<u></u>		
19	Total Costs - Lines 9 through 18			65,932,535

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: CONTRA COSTA

County Code: 07

Legal Entity: COUNTY OF CONTRA COSTA HSD	A	В	С
Legal Entity Number: 00007	Salaries		Total
	and Benefits	Other _	Adjustments
1 AS AUDITED:			
2 To adjust State Hospital and IMD Admin. Costs		(24,889)	(24,889)
3			
4			
5			
6			
7			
8			
9			
10			
[11]			
12			
13			
14			
15			
16			_
17			
18			
19			
20 Total Adjustments		(24,889)	(24,889)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: CONTRA COSTA

County Code: 07

	Legal Entity: COUNTY OF CONTRA COSTA HSD	A
Le	gal Entity Number: 00007	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	52,922,078
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	17,919,576
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	3,427,232
5	Outpatient Services (Mode 15 Program 1 + Program 2)	29,427,294
6	Outreach Services (Mode 45)	1,387,031
7_	Medi-Cal Administrative Activities (Mode 55)	760,945
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	52,922,078

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: CONTRA COSTA
County Code: 07 CR CR

	Legal Entity: COUNTY OF CONTRA COSTA	N HSD	A	В	С	D	E	F	G
Le	gal Entity Number: 00007			Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-	-19)	Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	· · · · · · · · · · · · · · · · · · ·			10	19			<u> </u>	
1_	Allocation Percentage		100.00%	91.93%	8.07%		<u> </u>	<u> </u>	
2	Total Units		17.010.570	13,380	1,174			 	
3	Gross Cost		17,919,576	16,474,091	1,445,485) 	0000000000
4	Cost per Unit			1,231.25	1,231.25				
5	SMA per Unit	A per Unit			235.96			<u> </u>	
6_	Published Charge per Unit			1,162.00	224.00				
7	Negotiated Rate / Cost per Unit								
8	<u> </u>	07/01/02 - 09/30/02		1,555	190		1,	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>0.074040404040404</u>
8A	Medi-Cal Units	10/01/02 - 06/30/03		4,227	435				
9		07/01/02 - 09/30/02		198		_			 -
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		315				 	
10		07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		12	6	-			
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			<u>-</u>				
11		07/01/02 - 09/30/02	1: 11: 11: 11: 11: 11: 11: 11: 11: 11:					 	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units	1.5.51102 05.00		7,073	543			 	
					\$1500 property and \$1500 propert		4444		on g transasis,
13	Medi-Cal Costs *	07/01/02 - 09/30/02	2,148,527	1,914,590	233,937		Ļ		
13A		10/01/02 - 06/30/03	5,740,076	5,204,483	535,593				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,384,707	1,303,401	81,306			<u> </u>	
14A		10/01/02 - 06/30/03	3,729,847	3,543,071	_186,776				
15	Medi-Cal Published Charges *	07/01/02 - 09/30/02	1,849,470	1,806,910	42,560				<u></u>
15A		10/01/02 - 06/30/03	5,009,214	4,911,774	97,440				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	A. C.	07/01/02 - 09/30/02	243,787	243,787			· · · · · · · · · · · · · · · · · · ·		<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	387,843	387,843					
18		07/01/02 - 09/30/02	165,964	165,964					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	264,033	264,033					
19		07/01/02 - 09/30/02	230,076	230,076					
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	366,030	366,030		-			
20		07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03						-	
*, *, *, *, }		<u> en </u>	19121212122			<u> </u>	<u>aranang tawa ng ig</u>	<u> </u>	<u>garanan Garaga</u> a
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	22,162	14,775	7,387				
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02	40.000	10.050					
22A		10/01/02 - 06/30/03	10,058	10,058					
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02	15.055	40.04					
23A		10/01/02 - 06/30/03	15,288	_13,944	1,344				
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						-	
27		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	នយល់ប្រជាជនជាតិស្ថិតប្រជាជនកំណុចបានការកំណុចបានការក្នុងបានបានបានបានបានបានបានបានបានបានបានបានបានប	07/01/02 - 09/30/02		10.00000	anadaaaaa				
29A	Healthy Families Costs								
		10/01/02 - 06/30/03 07/01/02 - 09/30/02							
30 30A	Healthy Families SMA Upper Limits	10/01/02 - 09/30/02							
_									
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03		+					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	<u>ann an an taig aige, an taige, agus an taige, an taige a</u>	10/01/02 - 06/30/03		<u> </u>		<u></u>	<u></u>		, 141414 141 41414141
33	Non-Medi-Cal Costs		9,377,181	8,708,613	668,568				
_									

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: CONTRA COSTA

	County: CONTRA COSTA County Code: 07			CR	CR	CR			
	Legal Entity: COUNTY OF CONTRA COSTA	HSD	Α	В	C	D	E	F	G
Le	gal Entity Number: 00007		╡ <u> </u>	Service	Service	Service	Service	Service	Service
-	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	20 51.90%	81 11.67%	85 36.43%		 	
2	Total Units		100.0076	34,408	5,074	11,281		 	-
3	Gross Cost		3,427,232	1,778,769	399,852	1,248,611		<u> </u>	
4	Cost per Unit	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		51.70	78.80	110.68	<u> </u>	3000000000	9500000000
5	SMA per Unit			82.94	126.46	177.60		 	
6	Published Charge per Unit			92.97	120.70	199.05			
7	Negotiated Rate / Cost per Unit						_		
8	2000 0000000000000 <u>00000</u> 000000000000000	07/01/02 - 09/30/02		3,134	1,019	2,346			<u> Printer (Print</u> e)
8A	Medi-Cal Units	10/01/02 - 06/30/03		9,826	2,996	7,094			
9		07/01/02 - 09/30/02		71		7,00		-	<u> </u>
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		356	-			 	
10	Enhanced CDB4C (Children) Light	07/01/02 - 09/30/02				333			
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03				1,156			
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			21,021	1,059	352	****************		
13	Modi Cal Costs	07/01/02 - 09/30/02	501,979	162,016	80,301	259,662			
13A	Medi-Cal Costs	10/01/02 - 06/30/03	1,529,248	507,969	236,097	785,183			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	805,446	259,934	128,863	416,650			
14A	Medi-Cai SMA Opper Ellinis	10/01/02 - 06/30/03	2,453,737	814,968	378,874	1,259,894			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	758,339	291,368		466,971			
15A		10/01/02 - 06/30/03	2,325,584	913,523		1,412,061			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03	100000000000000000000000000000000000000					***********	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	3,670	3,670					
17A	Invedicate/Medi-Cal Crossover Costs	10/01/02 - 06/30/03	18,404	18,404					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	5,889	5,889					
18A	Micalcarchical Cal Grossoval Class Copper Elittle	10/01/02 - 06/30/03	29,527	29,527					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	6,601	6,601					
19A		10/01/02 - 06/30/03	33,097	33,097					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02		\longrightarrow					
20A	atorio (del propositione de la companio de la comp	10/01/02 - 06/30/03	2/2/2/2014/1/2/14/14/14		202010201010101020	<u></u>			**************
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	36,857			36,857			
21A		10/01/02 - 06/30/03	127,949			127,949			
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	59,141			59,141			
22A		10/01/02 - 06/30/03	205,306			205,306			
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	66,284			66,284			
23A 24		10/01/02 - 06/30/03 07/01/02 - 09/30/02	230,102	\longrightarrow		230,102			
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
* (* (*)			angilikananan		3000,000,000,000		141414141414141414	40.000.000.000	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
201010	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					eleterateral eleterate	21.1012.212.212.212.21	tarana ana ana
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	, +FF-:+	10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
3,23.23	Haringan kanang menganggan beranggan kanang beranggan penganggan kanang ng mengang mengang mengang pengang me	10/01/02 - 06/30/03				<u> </u>			
33	Non-Medi-Cal Costs		1,209,123	1,086,710	83,454	38,960			

DEPARTMENT OF MEN

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Ye

County: CONTRA COSTA
County Code: 07 CR CR CR CR

	County Code: 07		CR	CR	CR	CR		
	Legal Entity: COUNTY OF CONTRA COSTA	Α	В	C	D	E	F	
Le	gal Entity Number: 00007		Service	Service	Service	Service	Service	
_	Mode: 15 - Outpatient (Program 1)	Mode Total	Function	Function	Function	Function	Function	
_	The second		01	10	60	70		
1_	Allocation Percentage	100.00%		43.53%	39.61%	8.46%		
2	Total Units			1,366,147	5,498,355	2,686,161	712,962	
3	Gross Cost		29,427,294	2,471,392	12,810,085	11,657,481	2,488,335	***************
4	Cost per Unit	A_1		1.81	2.33	4.34	3.49	
5	SMA per Unit			1.77	2.28	4.23	3.41	
6_	Published Charge per Unit			1.98	2.55	4.75	3.82	
7	Negotiated Rate / Cost per Unit							
8		07/01/02 - 09/30/02		255,199	810,014	324,786	88,519	<u> Parateral de la compania del compania del compania de la compania del compania del compania de la compania del compania </u>
8A	-Medi-Cal Units	10/01/02 - 06/30/03		762,065	2,962,308	1,060,399	252,796	
9	 	07/01/02 - 09/30/02		510	1,728	7,415	1,350	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		455	1,706	8,630	4,890	
10		07/01/02 - 09/30/02		225	8,895	2,395	105	
104	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		600	29,220	8,311	750	
10E		07/01/02 - 06/30/03		800	29,220	0,311	730	
_	Ennanced SDINIC (Relugees) Units			1.870	40.004	4 700	400	_
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	produktoristiski (ili) Produktoristiski ili		16,094	1,733	420	
11/	Non-Medi-Cal Units	10/01/02 - 06/30/03		7,665	60,120	5,290	870	_
12	Inon-medical orms	*.*.*.*.*.*.*.*.		337,558	1,608,270	1,267,202	363,262	101,
13	Medi-Cal Costs	07/01/02 - 09/30/02	4,067,294	461,661	1,887,173	1,409,516	308,943	
13A	- Medi-Cai Costs	10/01/02 - 06/30/03	13,764,432	1,378,594	6,901,595	4,601,951	882,293	
14	14 C-1 C144 I :	07/01/02 - 09/30/02	3,974,229	451,702	1,846,832	1,373,845	301,850	-
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	13,450,439	1,348,855	6,754,062	4,485,488	862,034	
15	14 F 0 1 B 1 F - 1 - 1 C	07/01/02 - 09/30/02	4,451,706	505,294	2,065,536	1,542,734	338,143	
15A	Medi-Cal Published Charges	10/01/02 - 06/30/03	15,065,350	1,508,889	7,553,885	5,036,895	965,681	
16	 	07/01/02 - 09/30/02	,,	.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03				_		_
E E E								
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	41,840	923	4,026	32,180	4,712	
17A		10/01/02 - 06/30/03	59,317	823	3,975	37,453	17,067	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	40,811	903	3,940	31,365	4,604	_
18A	от о	10/01/02 - 06/30/03	57,875	805	3,890	36,505	16,675	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	45,794	1,010	4,406	35,221	5,157	
19A	Thousand the or	10/01/02 - 06/30/03	64,924	901_	4,350	40,993	18,680	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A	The diagram of the di	10/01/02 - 06/30/03						
21	<u>Probability jo jo to jejo je resta nero te no no to no no no no neto foi dete to je</u>	07/01/02 - 09/30/02	31,891	407	20,724	10,394	366	<u> </u>
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	107,848	1,085	68,077	36.068	2,618	
22		07/01/02 - 09/30/02	31,168	398	20,281	10,131	358	
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	105,397	1,062	66,622	35,156	2,558	
23		07/01/02 - 09/30/02	34,905	446	22,682	11,376	401	
23 23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	34,905 118,041	1,188	74,511	39,477	2,865	_
<u>23A</u> 24			118,041	1,108	/4,511	39,411	2,800	
<u>24</u> 24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
		10/01/02 - 06/30/03		(18)-1-1-1 -1-1-1-1-1-1-1-1				nangangangan
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						-
29			40.000	0.000	27.400		440	00000000
29 29A	Healthy Families Costs	07/01/02 - 09/30/02	49,866	3,383	37,496	7,521	1,466	
		10/01/02 - 06/30/03	179,928	13,866	140,068	22,958	3,036	_
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	48,767	3,310	36,694	7,331	1,432	
30A		10/01/02 - 06/30/03	175,984	13,567	137,074	22,377	2,967	
31	Healthy Families Published Charges	07/01/02 - 09/30/02	54,578	3,703	41,040	8,232	1,604	
31A		10/01/02 - 06/30/03	196,934	15,177	153,306	25,128	3,323	=
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	i					
32A		10/01/02 - 06/30/03						·
33	Non-Medi-Cal Costs	<u>, , , , , , , , , , , , , , , , , , , </u>	11,124,878	610,650	3,746,953	5,499,441	1,267,834	. * . * . * . * . * . * . * . * . * . *
<u></u>		11,124,010	010,000 }	0,170,000	O1700,7771	1,207,004		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: CONTRA COSTA

County Code: 07

CR

CR

	County Code. 07		Oil	CIT				
	Legal Entity: COUNTY OF CONTRA COSTA HSD	Α	В	С	D	E	F	G
Le	gal Entity Number: 00007		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	20				
1_	Allocation Percentage	100.00%	34.97%	65.03%				
2	Total Units		3,655	10,452				
3	Gross Cost	1,387,031	485,045	901,986				
4	Cost per Unit		132.71	86.30				
5	Non-Medi-Cal Units		3,655	10,452				
6	Non-Medi-Cal Costs	1,387,031	485,045	901,986	<u> </u>			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: CONTRA COSTA

County Code: 07 MAA MAA MAA MAA

	Legal Entity: COUNTY OF CONTRA COSTA HSD	Α	В	С	D	E	F	G
Le	gal Entity Number: 00007		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			01	24	31			
1	Allocation Percentage	100.00%	0.10%	40.70%	59.20%			
2	Total Units		720	254,538	580,050			
3	Total Expenditures	760,945	798	309,690	450,457			
4	Cost per Unit		1.11	1.22	_ 0.78			
5	Non-Medi-Cal Costs	332,602						



DEPARTMENT OF MENTAL HEALT

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: CONTRA COSTA County Code: 07				REIMBURS	SEMENT TYPE	SMA		Costs		<u></u>	Costs	<u> </u>
Legal Entity: COUNTY OF CONTRA COSTA HSD		A .	В	С	D	E Total	F	G	Н	Total	1	K Total
Legal Entity Number: 00007			Mode 55		Total	lotal Inpatient				Total Outpatient		Outpatient
		S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. I + Col. J)
1 Medi-Cal Costs	07/01/02 - 09/30/02					2,148,527		501,979	4,067,294	4,569,273	, , ,	4,569,273
1A	10/01/02 - 06/30/03 07/01/02 - 09/30/02					5,740,076 1,384,707		1,529,248 805,446		15,293,680 4,779,675	1	15,293,680 4,779,675
2 Medi-Cal SMA	10/01/02 - 06/30/03					3,729,847		2,453,737	13,450,439	15,904,176		15,904,176
Medi-Cal P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					1,849,470 5,009,214		758,339 2,325,584	4,451,706 15,065,350	5,210,045 17,390,934		5,210,045 17,390,934
4 Medi-Cal N. R.	07/01/02 - 09/30/02							2,020,00.	10,000,000	,555,551		,555,55
4A	10/01/02 - 06/30/03								10.000.000.000	20000000000		
5 Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03					1,384,707 3,729,847		501,979 1,529,248		4,569,273 15,293,680		4,569,273 15,293,680
6	07/01/02 - 09/30/02					243,787		3,670		45,510		45,510
6A Medicare/Medi-Cal Crossover Cost 7 Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03 07/01/02 - 09/30/02					387,843 165,964		18,404 5,889		77,721 46,700	_	77,721 46,700
7A Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03					264,033		29,527	57,875	87,401		87,401
7A medicara/medic-Cal Crossover P. C. 8 Medicare/Medi-Cal Crossover P. C. 9 Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					230,076 366,030	-	6,601 33,097		52,395 98,021		52,395 98,021
9 Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02							30,007	04,024	30,021		
9A	10/01/02 - 06/30/03						353555555	<u>। यस्त्रसम्बद्धारम्</u>	-	<u>स्थायकामध्यक्त</u>		
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					165,964 264,033	1	3,670 18,404		45,510 77,721		45,510 77,721
	07/01/02 - 09/30/02					1,550,671	20,000,000,000	505,650		4.614.783		4,614,783
11A Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03					3,993,880		1,547,652		15,371,402		15,371,402
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02						and the first and a final of a fin	36,857	31,891	68,748		68, <u>7</u> 48
12A	10/01/02 - 06/30/03 07/01/02 - 09/30/02					22,162		127,949 59,141		235,797 90,309	-	235,797 90,309
13A	10/01/02 - 06/30/03					10,058	<u> </u>	205,306	105,397	310,702		310,702
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					15,288		66,284 230,102	34,905 118,041	101,189 348,143		101,189 348,143
15 Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02					10,200		200,102	. 10,041	UTU, 143		340,143
15A	10/01/02 - 06/30/03											<u></u>
16 16A Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					10,058		36,857 127,949	31,891 107,848	68,748 235,797		68,748 235,797
17 Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03					* . * . * . * . * <u>. * . * . * . * . * .</u>	<u> </u>	and the state of t		<u> </u>		
18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					1,550,671		542,507	4,141,025	4.683.532		4.683.532
21A (Excludes Refugees) 22 Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03					4,003,939		1,675,602	13,931,597	15,607,199		15,607,199
	07/01/02 - 06/30/03	100000000000000000000000000000000000000				*.*.*.*.*.*.*.*.	***********	<u> </u>	**************			***************
23 23A Healthy Families Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03								49,866 179,928	49,866 179,928		49,866 179,928
24 Healthy Families SMA	07/01/02 - 09/30/02								48,767	48,767		48,767
24A	10/01/02 - 06/30/03 07/01/02 - 09/30/02								175,984 54,578	175,984 54,578		175,984 54,578
25A	10/01/02 - 06/30/03								196,934	196,934		196,934
26 26A Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03									-		
27	07/01/02 - 09/30/02						120111614161616		49,866	49,866		49,866
27A Healthy Families Gross Reim.	10/01/02 - 06/30/03								179,928	179,928		179,928
Less: Patient and Other Payor Revenues	07/01/02 - 09/30/02					211 027		2 220	16 244	18,564		
28 SD/MC + Crossover Revenues	10/01/02 - 06/30/03					211,937 338,065		2,220 27,664	16,344 24,143	51,807		18,564 51,807
29 Enhanced SD/MC (Children) Revenues 30 Enhanced SD/MC (Refugees) Revenues												
31 Healthy Families Revenues												
32 Total Expenditures from MAA (Mode 55)	, nu hununu huhuh <u>uh</u> uhuhuhuhuhuhuhuhi.	798	450,457	309,690	760,945							
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA			56.2	25%								
	07/01/02 - 09/30/02	798	253,360	174,185	428,343	1,338,734		E40 207	4 124 E04	4,664,968		4 554 000
35 35A Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03	198	∠33,360	1/4,105	420,343	3,665,874		540,287 1,647,938	4,124,681 13,907,454	4,664,968 15, <u>55</u> 5,392		4,664,968 15,555,392
36 Net Due - Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02								49,866	49,866		49.866
37 37A Net Due - Healthy Families	10/01/02 - 06/30/03								179,928	179,928		179,928
Amount Negotiated Rates Exceed Costs	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.											
SD/MC (Includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
38A Spirite (includes children) 39 Enhanced SD/MC (Refugees)												
40 Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
40A	10/01/02 - 00/30/03	persistingstational?	<u> </u>	1-1-1-1-1-1-1-1919			j				<u> </u>	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: CONTRA COSTA

County Code: 07

Legal Entity: COUNTY OF CONTRA COSTA HSD

Legal Entity Number: 00007	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FF	P	Effective		
Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars	FFP%		
Source	MH1	970s	MH1	970s	Calcu	ulated	
	Column N	Column Q	Q Column R Column U		Calculated		
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)	1,338,734	3,655,815	688,109	1,877,434	AS CONTRACTOR OF THE PARTY OF T		
2 05 - Other 24 Hour Services (All Other SFC)							
3 10 - Day Services	503,430	1,519,988	258,763	783,279	Clarity Control of the Control of th	112	
4 15 - Outpatient (Program 1)	4,092,790	13,799,606	2,103,694	7,109,834	1		
5 15 - Outpatient (Program 2)							
6 Totals	5,934,953	18,975,410	3,050,566	9,770,547			
7 Totals from MH1979	5,934,953	18,975,410	3,050,566	9,770,547		en de la companya de	
8 Effective SD/MC FFP %					51.40%	51.49%	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

 County: CONTRA COSTA
 FFP % Source: Source: Source: Ounty Code: 07
 Source: MH1978 E8
 MH1978 F8

County Code. 07						MH1978 E8	MH1978 F8			
Legal Entity: COUNTY OF CONTRA COSTA HSD	A	В	С	D	E	F	G	Н		J
Legal Entity Number: 00007	Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.49% FFP	Variable %	75% F FP	Total FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement		5,554,609	20,290,731	25,845,340						
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement		1,135,306	17,781,852	18,917,158						
3 Total Medi-Cal Direct Service Gross Reimbursement				44,762,498						
4 Medi-Cal Administrative Reimbursement Limit				6,714,375						
5 Medi-Cal Administration				6,240,806						
6 Medi-Cal Administrative Reimbursement				6,240,806	3,120,403					3,120,403
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement			549,339	549,339						
8 Healthy Families Administrative Reimbursement Limit				54,934						
9 Healthy Families Administration				49,738						
10 Healthy Families Administrative Reimbursement				49,738				32,454		32,454
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	798			798	399					399
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	253,360			253,360	126,680					126,680
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	174,185			174,185					130,639	130,639
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				97,995					73,496	73,496
15 Other SD/MC Utilization Review (County Only)				886,757	443,379					443,379
16 07/01/02 - 09/30/02		1,338,734	4,596,219	5,934,953		3,050,566				3.050.566
16A SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03		3,655,815	15,319,595	18,975,410			9,770,547			9,770,547
17 Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02			68,748	68,748				45,360		45,360
17A Enhanced SD/MC Net Relino. (Children) 10/01/02 - 06/30/03		10,058	235,797	245,856				159,806		159,806
18 Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess FFP										16.921.274
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC			<u>e la judicia de </u>							,,.,.,.
21 Total SD/MC Reimbursement (FFP)										16,921,274
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										16,921,274
24			49.866	49.866				32.901		32,901
24 Healthy Families Net Reimbursement 07/01/02 - 09/30/02 10/01/02 - 06/30/03			179,928	179,928				116,953		116,953
25 Total Healthy Families Reimbursement Before Excess FFP										182,309
26 Amount Negotiated Rates Exceed Costs - Healthy Families			******************							102,507
27 Total Healthy Families Reimbursement										182,309
		<u> </u>			<u> </u>					,,,,,,

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: CONTRA COSTA					NAME: COUNTY OF CONTRA COSTA HSD						
COUNTY CODE: 07			LEGAL ENTITY			NUMBER:					
Α	В	C	D	_ E		F_	G	н	I I		
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS		SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT		
		\$231.30	07/01/02 - 07/31/02	54	\$	12,490		\$10,421	\$22,912		
SD/MC		\$236.38	08/01/02 - 09/30/02	136	\$	32,148		\$26,247	\$58,394		
35/11/3		\$236.38	10/01/02 - 12/31/02	435	\$	102,825		\$83,951	\$186,776		
		\$236.38	01/01/03 - 06/30/03								
	<u> </u>		4.4	**************************************				Sub Total:	\$ 268,08		
		\$231.30	07/01/02 - 07/31/02		1						
Children EMC		\$236.38	08/01/02 - 09/30/02		<u> </u>						
	<u> </u>	\$236.38	10/01/02 - 12/31/02		 						
And the second s		\$236.38	01/01/03 - 06/30/03		1124.286			Sub Total:			
A CONTRACT OF THE STATE OF THE		\$231.30	07/01/02 - 07/31/02	¥9,177	englisation.	Approximation of the state of the state of		Cubitodi.	** \$		
		\$236,38	08/01/02 - 09/30/02				_				
Refugees EMC		\$236.38	10/01/02 - 12/31/02								
		\$236.38	01/01/03 - 06/30/03		\vdash						
	Carrier Latin	Seed High		1.23	N. 20			Sub Total:	Mark Albania		
		\$231.30	07/01/02 - 07/31/02	-		_					
Healthy Families		\$236.38	08/01/02 - 09/30/02								
nealthy ramines		\$236.38	10/01/02 - 12/31/02								
		\$236.38	01/01/03 - 06/30/03								
Strategical Control of the Strategical Strategical	Sisavi Adali	AND THE			With C	COMMAND TO BE		Sub Total:	The State of the S		
			GRA	ND TOTAL		147,463		\$ 120,619	\$ 268,082		